

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**METROPOLITAN LIFE
INSURANCE COMPANY**
One MetLife Plaza
27-01 Queens Plaza North
Long Island City, New York 11101

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

F Green
B. Received by (Printed Name)
F Green☐ Agent☐ Addressee

C. Date of Delivery

12-1-06

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

*2:06CV1034
SLC**(20)*

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 3110 0004 0791

Domestic Return Receipt

PS Form 3811, August 2001